

Application Form

This application form is for local government employees that would like to request funding support by the KDHE Childhood Lead Poisoning Prevention Program to complete the training and acquire the necessary certification to conduct Elevated Blood Lead (EBL) Investigations. The purpose of providing funding for the training and associated travel costs is to encourage and support local government staff in their efforts to reduce childhood lead exposure in their communities. A supplemental form is provided with this application to give more information about the training process.

Baker Environmental Consulting (BEC) provides environmental consulting, training, and testing services for individuals and businesses from across the United States. KDHE has contracted with BEC to provide the following training courses. This training vendor is accredited by Missouri, Kansas, and the EPA.

Please indicate below which training courses you would like to complete.

1. Lead-Based Paint Inspector Initial 3-day training, 8 – 5pm each day and is typically provided before the Lead Hazard Risk Assessor training within the 40-hour week.

Yes ____ No ____ (You can only answer no if you have previously completed this training in the last 12 months.)

2. Lead Hazard Risk Assessor Initial 2-day training, 8-5pm each day and the Inspector course is a pre-requisite course and is provided within the 40-hour week.

Yes ____ No ____ (You can only answer no if you have previously completed this training in the last 12 months.)

3. Elevated Blood Lead Investigator 4-hour training, quarterly basis or as requested. The Lead-Based Paint Inspector and Lead Hazard Risk Assessor training courses are pre-requisite courses.

Yes ____ No ____ (If you answered no, please indicate why in the comment area below.)

Comment _____.



Applicant Information

Participant Name: _____

Participant Job Title: _____

Participant Phone Number: _____

Participant Email: _____

Employer Address: _____

Street _____ City _____ Zip _____

Jurisdiction Name: _____

Name of Department Director or Authorizing Entity: _____

Phone Number of Supervisor: _____

Name of Jurisdiction Fiscal Agent: _____

Jurisdiction Phone Number for Travel Payment: _____

Jurisdiction Fiscal Agent Email: _____

Please submit the completed application by mail or email to:

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